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## UTILITY **PATENT APPLICATION TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1 53(b))

Attorney Docket No.   N		M4065.0376/P376	Ld.
First Named Inventor		H. DANIEL DULMAN ET AL.	
Title	METHOD LINE TO A MASK	FOR ALIGNING A CONTACT OR ADJACENT PHASE-SHIFTER ON	41 U.S
Everece	Mail Label No		<u> </u>

<u> </u>										
	APPLI	CATION ELEMEN	NTS		ADDRESS TO:		Commissioner for Patents ont Application			
See MPEP chapt	er 600 cd	oncerning utility patent	application contents.			Washing	ton, DC 20231			
2 Applicar See 37 (3 X Specific	n <i>onginal, a</i> nt claims CFR 1 27 ation	Form (e.g., PTO/SB/17) and a duplicate for fee process small entity status  [Total	ung)	7 8.	CD-ROM or CD-R Computer Program Nucleotide and/or Amin (if applicable, all necess a Computer Reada	(Appendix) o Acid Sequ ary) able Form (C	ence Submission			
- Desc - Crost - Statet - Refer or a - - Back - Bnef - Bnef - Detar - Claim	riptive title is Reference iment Regarence to se computer ig ground of Summary Descriptio led Descri	of the invention to Related Applications arding Fed sponsored R & equence listing, a table, program listing appendix the Invention of the Invention on of the Drawings (if filed) ption	D	9. 10.						
		,	Sheets 10	11	English Translation		(if applicable) Copies of IDS			
5 Oath or Declar		[Total ited (original or copy)	Pages 3	12	Statement (IDS)/PT	TO-1449	Citations			
b Cor	y from a	prior application (37 Cl	FR 1 63(d)) npleted)	14	14 X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
i DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application,					Certified Copy of Priority Document(s) (If foreign priority is claimed)  Request and Certification under 35 U S C, 122 (b)(2)(B)(I)					
		FR 1 63(d)(2) and 1 33(b).	2001,	17	Applicant must attach form PTO/SB/35 or its equivalent					
6 Application Data Sheet. See 37 CFR 1 76										
	Data Sheet under 37 CFR 1 76									
Prior application	∟ n inform	ation: Examiner			Group / Art Un	ıt.	<del></del>			
under Box 5b, is o	considere	ed part of the disclosur	e of the accompanyir	ng conti	he prior application, from v inuation or divisional appli n inadvertently omitted fro	cation and is				
			18. CORRESE	ONDE	NCE ADDRESS					
Customer Number or Bar Code Label						or X	Correspondence address below			
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico									
Address	Address 2101 L Street NW									
City Washington State						Zip Code 2	0037-1526			
Country			Telephone	(20	<del>)2)</del> 785-9700	Fax	(202) 887-0689			
Name (Print/	Туре)	Thomas J. D'A	mico _		Begistration No. (Attorne	y/Agent)	28,371			
Signature			1020		3	Date	January 29, 2001			

## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1,182.00

Complete if Known						
Application Number	TO BE ASSIGNED					
Filing Date	January 29, 2001					
First Named Inventor	H. Daniel Dulman					
Examiner Name	TO BE ASSIGNED					
Group Art Unit	TO BE ASSIGNED					
Attorney Docket No.	M4065.0376/P376					

METHOD OF PAYMENT				FEE C	ALCULATION (continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.	3. Al	ODITIO	NAL F	EES		
Deposit Deposit	Large	Entity	Smal	l Entity		
Account Number 04-1073	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit Account	105	130	205	65	Surcharge – late filing fee or oath	
Name	127	50	227	25	Surcharge – late provisional filing fee or cover sheet	
X Charge Any Additional Applicant claims small entity status See	139	130	139	130	Non-English specification	
37 CFR 1.16 and 1 17 37 CFR 1 27	147	2,520	147	2,520	For filing a request for ex parte reexamination	
2. X Payment Enclosed	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
X Check Credit Card Money Order Other	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	115	110	215	55	Extension for reply within first month	
1. BASIC FILING FEE	116	390	216	195	Extension for reply within second month	
Large Entity Small Entity	117	890	217	445	Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid	118	1,390	218	695	Extension for reply within fourth month	
101 710 201 355 Utility filing fee 710.00	128	1,890	228	945	Extension for reply within fifth month	
106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal	
107 490 207 245 Plant filing fee	120	310	220	155	Filing a brief in support of an appeal	
108 710 208 355 Reissue filing fee	121	270	221	135	Request for oral hearing	
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 710.00	140	110	240	55	Petition to revive – unavoidable	
	141	1,240	241	620	Petition to revive – unintentional	
2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid	142	1,240	242	620	Utility issue fee (or reissue)	
Total Claims 44 -20** = 24 x 18.00 = 432.00	143	440	243	220	Design issue fee	
Independent Claims 3 -3** = X =	144	600	244	300	Plant issue fee	
Multiple Dependent =	122	130	122	130	Petitions to the Commissioner	
	123	50	123	50	Processing fee under 37 CFR 1 17(q)	
Large Entity Small Entity	126	180	126	180	Submission of Information Disclosure Stmt	
Fee Fee Fee Code (\$) Fee Description	581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
103 18 203 9 Claims in excess of 20	146	710	246	355	Filing a submission after final rejection (37 CFR 1 129(a))	
102         80         202         40         Independent claims in excess of 3           104         270         204         135         Multiple dependent claim, if not paid	149	710	249	355	For each additional invention to be	
** Paissus independent eleime	179	710	279	355	examined (37CFR 1 129(b))  Request for Continued Examination (RCE)	
over original patent	169	900	169	900	Request for expedited examination of a design application	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other f	ee (spec	ify)			
SUBTOTAL (2) (\$) 432.00	*Reduc	ed by Ba	asic Filin	g Fee Pa	aid SUBTOTAL (3) (\$)	\$40 00
**or number previously paid, if greater; For Reissues, see above						
OUDWITTED DV						

SUBMITTED BY				Complete	Complete (if applicable)		
Name (print/type) Thomas J. D'Amico		Registration No (Attorney/Agent)	28,371	Telephone	(202) 828-2232		
Signature	Vec-	\$		Date	January 29, 2001		
	170		_		-		